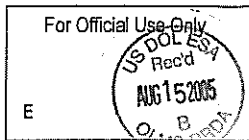


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6879</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Joseph</u> <u>Rossi, Jr</u> P.O. Box, Bldg., Room No., if any Street <u>1553 Hawthorne Street</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15201</u>	4. Name, file number, and address of labor organization. Name <u>General Teamsters Local Union No. 249</u> Labor Organization File Number <u>028-815</u> P.O. Box, Building and Room Number, if any <u>PO Box 40128</u> Street <u>Teamsters Temple, 4701 Butler St</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15201-0128</u>
5. Position in labor organization. <u>Union Officer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Joseph Rossi Jr</u>	On <u>8/12/05</u> <u>(412) 682-3700</u> Date Telephone Number

Name of Person Filing <u>Joseph Rossi, Jr.</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11.a. Nature of such dealing.  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
	12.a. Nature of interest held or income received.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <u>Jubelirer, Pass &amp; Intrieri, P.C.</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <u>219 Fort Pitt Boulevard</u>  City <u>Pittsburgh</u>  State <u>PA</u> ZIP Code + 4 <u>15222</u>	14.a. Nature of payment.  <div style="border: 1px solid black; padding: 10px; min-height: 150px;">           Christmas gift of food and beverage valued at \$65.00 from law firm who represents Teamsters Local 249.         </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle; text-align: center;">\$65.00</span>

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: **WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: **50 PENN CIRCLE WEST**City: **PITTSBURGH**State: **PENNSYLVANIA**ZIP Code + 4: **15206**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: **GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: **40128**Street: **4701 BUTLER**City: **PITTSBURGH**State: **PENNSYLVANIA**ZIP Code + 4: **15201-0128**

11.a. Nature of such dealing.

*IFEBP 51st Annual Employee Benefits Conference Honolulu H.I.*

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

*REGISTRATION FEES AND HOTEL DEPOSIT IN CONJUNCTION WITH ATTENDANCE AT THE IFEBP 51st ANNUAL CONFERENCE HONOLULU H.I.*

12.b. Amount.

\$1,900

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: **WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: **50 PENN CIRCLE WEST**City: **PITTSBURGH**State: **PENNSYLVANIA** ZIP Code + 4: **15206**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: **GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: **40128**Street: **4701 BUTLER**City: **PITTSBURGH**State: **PENNSYLVANIA** ZIP Code + 4: **15201-0128**

11.a. Nature of such dealing.

**50th ANNUAL Employee Benefits conference & pre conference in New Orleans**

11.b. Approximate dollar value of such dealing.

**0**

12.a. Nature of interest held or income received.

**Airline Ticket reimbursement for 50th ANNUAL Employee Benefits conference New Orleans**

12.b. Amount.

**\$ 216.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **WESTERN PA TEAMSTERS & EMPLOYERS  
WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **50 PENN CIRCLE WEST**City **PITTSBURGH**State **PENNSYLVANIA** ZIP Code + 4 **15206**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **GENERAL TEAMSTERS, CHAUFFEURS AND  
HELPERS LOCAL UNION 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **40128**Street **4701 BUTLER**City **PITTSBURGH**State **PENNSYLVANIA** ZIP Code + 4 **15201-0128**

11.a. Nature of such dealing.

**ANNUAL TRUSTEE'S MEETING**

11.b. Approximate dollar value of such dealing.

**0**

12.a. Nature of interest held or income received.

**REIMBURSEMENT FOR TRAVEL, MEALS, INCIDENTAL  
CHARGES FOR ATTENDANCE AT THE ANNUAL  
TRUSTEE'S MEETINGS IN AVADON, NJ.**

12.b. Amount.

**\$1,048**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **50 PENN CIRCLE WEST**City **PITTSBURGH**State **PENNSYLVANIA** ZIP Code + 4 **15206**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **40128**Street **4701 BUTLER**City **PITTSBURGH**State **PENNSYLVANIA** ZIP Code + 4 **15201-0128**

11.a. Nature of such dealing.

**ANNUAL TRUSTEE'S MEETING**

11.b. Approximate dollar value of such dealing.

**0**

12.a. Nature of interest held or income received.

**PAYMENT TO MARJA SMITH CRANING SERVICE, 2112 BERRY LAKE, EAST GREENVILLE PA FOR CRANING SERVICES IN CONNECTION WITH ANNUAL TRUSTEE'S MEETING IN AVALON N.J.**

12.b. Amount.

**\$ 147.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment:

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **WESTERN PA TEAMSTERS & EMPLOYERS  
WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **50 PENN CIRCLE WEST**City **PITTSBURGH**State **PENNSYLVANIA** ZIP Code + 4 **15206**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **GENERAL TEAMSTERS, CHAUFFEURS AND  
HELPERS LOCAL UNION 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **40128**Street **4701 BUTLER**City **PITTSBURGH**State **PENNSYLVANIA** ZIP Code + 4 **15201-0128**

11.a. Nature of such dealing.

**ANNUAL TRUSTEE'S MEETING**

11.b. Approximate dollar value of such dealing.

**0**

12.a. Nature of interest held or income received.

**LINEN RENTALS in conjunction with  
ATTENDANCE AT THE JOINT ANNUAL TRUSTEE'S  
MEETING in AVALON NJ.**

12.b. Amount.

**\$50.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: **WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street: **50 PENN CIRCLE WEST**City: **PITTSBURGH**State: **PENNSYLVANIA** ZIP Code + 4: **15206**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: **GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: **40128**Street: **4701 BUTLER**City: **PITTSBURGH**State: **PENNSYLVANIA** ZIP Code + 4: **15201-0128**

11.a. Nature of such dealing.

**ANNUAL TRUSTEE'S MEETING**

11.b. Approximate dollar value of such dealing.

**0**

12.a. Nature of interest held or income received.

**FINAL PAYMENT ON ACCOMMODATIONS 9614 THIRD AVE, STONE HARBOR, NJ 08247**

12.b. Amount.

**\$561.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **WESTERN PA TEAMSTERS & EMPLOYERS WELFARE FUND**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **50 PENN CIRCLE WEST**City **PITTSBURGH**State **PENNSYLVANIA** ZIP Code + 4 **15206**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **40128**Street **4701 BUTLER**City **PITTSBURGH**State **PENNSYLVANIA** ZIP Code + 4 **15201-0128**

11.a. Nature of such dealing.

**ANNUAL TRUSTEES MEETING**

11.b. Approximate dollar value of such dealing.

0

12.a. Nature of interest held or income received.

**DEPOSIT ON ACCOMMODATIONS 9614 THIRD AVE, STONE HARBOR N.J. 08247**

12.b. Amount.

**\$325.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **VISION BENEFITS OF AMERICA**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street **300 WEYMAN PRAVA**City **PITTSBURGH**State **PENNSYLVANIA**ZIP Code + 4 **15236**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **40128**Street **4701 BUTLER**City **PITTSBURGH**State **PENNSYLVANIA**ZIP Code + 4 **15201-0128**

11.a. Nature of such dealing.

*They supply Vision Benefits To Health + Welfare Fund*

11.b. Approximate dollar value of such dealing.

*unknown*

12.a. Nature of interest held or income received.

*GOLF OUTING*

12.b. Amount.

*\$117.00*

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PIMCO**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **49TH FLOOR**Street **1345 AVENUE OF THE MERICAS**City **NEW YORK**State **NEW YORK** ZIP Code + 4 **10105-4800**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **GENERAL TEAMSTERS, CHAUFFEURS AND  
HELPERS LOCAL UNION 249**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **40128**Street **4701 BUTLER**City **PITTSBURGH**State **PENNSYLVANIA** ZIP Code + 4 **15201-0128**

11.a. Nature of such dealing.

**INVESTMENTS FOR HEALTH +  
WELFARE FUND**

11.b. Approximate dollar value of such dealing.

**UNKNOWN**

12.a. Nature of interest held or income received.

**GOLF OUTING**

12.b. Amount.

**\$117.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HIGH MARK

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any SUITE 2307

Street 5TH PLACE, 120 - 7TH AVENUE

City PITTSBURGH

State PENNSYLVANIA ZIP Code + 4 15222

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: GENERAL TEAMSTERS, CHAUFFEURS AND HELPERS LOCAL UNION 249

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any 40128

Street 4701 BUTLER

City PITTSBURGH

State PENNSYLVANIA ZIP Code + 4 15201-0128

11.a. Nature of such dealing.

HEALTH CARE PROVIDER

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

6/17/04 GOLF OUTING

12.b. Amount.

\$77.80

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HIGH MARK

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any SUITE 2307Street 5TH PLACE, 120 - 7TH AVENUECity PITTSBURGHState PENNSYLVANIA ZIP Code + 4 15222

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name GENERAL TEAMSTERS, CHAUFFEURS AND  
HELPERS LOCAL UNION 249

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any 40128Street 4701 BUTLERCity PITTSBURGHState PENNSYLVANIA ZIP Code + 4 15201-0128

11.a. Nature of such dealing.

HEALTH CARE PROVIDER

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

6/15/04 GOLF OUTING AW PRIZE \$ 207.20

12.b. Amount.

\$207.20

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.